

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE 12 JUNE 2007
	b.	REPORTING PERIOD [check box]: 💢 October 1 – March 31 🗆 April 1 – September 30
2.	a.	NAME OF CORPORATION/ENTITY TOWNESSEE WILDUFE FEDERATION
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS
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3.	a.	ADDRESS Street or Rural Route City State Zip Code
	300	ORLANDO AVE, SUITE 200 NASHVILLE, TO 37209
	b.	PHONE NUMBER 615. 353 - 1133
4.	LOBBY	YING INTERESTS
	a.	List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.
_60	NSER	WATION, WILDLIFE, HONVIRONMENT
	_	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.
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4 N	ANR	IL RESOMECUS. TOO CHERON & FINTURE GOVERNOUSE.

301(7) as " any salary, fee, payment, reiming whether received or to be received; however individual whose lobbying is incidental to that p	COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-bursement or other valuable consideration, or any combination thereof, 'compensation' does not include the salary or reimbursement of an erson's regular employment."
activities shall be apportioned to reflect the lebi	lobbyist compensation paid by the employer. For purposes of the who performs duties for the employer in addition to lobbying and related byist's time allocated for lobbying and related activities in this state (see inistrative Action" and "Legislative Action," and exceptions thereto, in 3(a)(1)(A)-(K). (Check the appropriate box.)
Less than \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
☐ If the aggregate total amount is \$400,000 or more, thousand dollars (\$50,000):	Voll must round the economic total to
box. Attach additional pages as needed. Aut	of the individual lobbyists who rendered services in the State of byed within your organization by checking the "In-House Lobbyist" hority: T.C.A. § 3-6-303(a)(1).
LOBBYIST NAME	IN-HOUSE LOBBYIST
MICHOUN PRITITION	
7 10000000	
7. LOBBYING-RELATED EXPENDITURES	
NOTE: For the purposes of this Report, an effect shall be apportioned equally among tho	y expenditure made for the purpose of achieving a multi-state
ppinion or grassroots action in the State of Te relating to printing, publishing, advertising, broadd digital video discs, infomercials, rallies, demonst costs, internet services, public relations services	corted under 5), state the aggregate total of expenses paid directly by cose of influencing legislative or administrative action through public nnessee. These expenditures include, but are not limited to, costs casting, paid announcements, audiotapes, videotapes, compact discs, trations, seminars, lectures, conferences, postage, telephone related a governmental relations services, polling services, travel expenses, as or any other expense incurred lobbying. Authority: T.C.A. § 3-6-
(Less than \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000
At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
If the aggregate total amount is \$400,000 or more, you sand dollars (\$50,000):	ou must round the aggregate total to the nearest fifty

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8.	AGGREGATE	TOTAL	OF ALL	IN-STATE	EVENTS
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State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Signature of Person:

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Signature of CEO. OFO or Authorized Representative

Print Name of Person:

NUMBER OF OR Authorized Representative

Print Name of Person:

NUMBER OF OR Authorized Representative

Print Name of Person:

NUMBER OF OR Authorized Representative

Print Name of Person:

NUMBER OF OR Authorized Representative, which was signature of the CEO,

CFO or Authorized Representative, which was signed in my presence.

Witness

Signature of Witness

